

CLUB STATUS UPDATE

Instructions: In order for your club to be reactivated for the current semester, please submit (1) the completed Club Status Update form, (2) a signed advisor agreement form for each of your club's advisors, and (3) if updated, a copy of your club's Constitution. Turn these forms into the Student Activities Coordinator in the Office of Student Life. Once the Student Life Manager reviews and approves your club's update, your club will be notified.

Academic Year: 20 _____ **Fall** **Spring**

NAME OF CLUB: _____

Who is the club Advisor(s)? (List additional names on attached sheet if necessary. All advisors must sign the Advisor Agreement and attend an orientation annually.)

NAME OF CLUB ADVISOR(s): _____

| | | |
|--------------|----------------------|---------------|
| Name | Advisor's Department | Email Address |
| Campus Phone | Home Address | Home Phone |

CLUB OFFICERS:

My signature below releases my telephone number and email address to the Student Life Office and the Inter-Club Council who will use it for business purposes only. I certify that I am enrolled in 6 units, have at least a 2.0 GPA and a current ASDVC sticker.

OFFICERS/MEMBERS: (Use attachment if necessary)

| Name | Officer Title | Student ID # | Phone Number | Email Address |
|------|---------------|--------------|--------------|---------------|
| | President | | | |
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Briefly describe the club's goals and plans for this year:

Please check one:

- Our Constitution will not be updated this year.
- Our Constitution has been updated for this year. Attached is a copy of our updated Constitution.

Is your club affiliating with an Off-Campus (or National) Organization?

Note: A copy of the organization's constitution must be submitted with this application. Also, a formal statement or document from your off-campus affiliate that states its role, mission, purpose, expectations of the campus club and *approval of the affiliation* is required.

Name Of Off-Campus Affiliate Representative

Mailing Address

Telephone

Email Address

[Over]

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When do you want your club to meet this semester?

Please list your preferred regular meeting time & classroom location by 1st, 2nd, and 3rd choice.

1. _____ 2. _____ 3. _____

We hereby certify the above information is true and correct to the best of our knowledge.

Advisor's Signature

Date

Club President/Person authorized for use of funds

Date

Statement of Club Advisor(s):

In agreeing to be advisor for this club, I realize I am assuming the responsibility for being present at all official meetings and functions of the club. I have familiarized myself with the College and District policies governing student organizations.

Advisor's Signature

Date

FOR OFFICE USE ONLY:

Confirmed time/location of meeting: _____ Scheduled by & date: _____

Club member information verified? Y Date: _____ NOTES: _____

Advisor Agreement? Y Date: _____

Advisor Orientation? Y Date: _____ Staff Member: _____

Application packet sent to Student Life Manager for review on: _____ [Enter Date]

Reviewed: _____ [Student Life Manager] Date: _____

Club approved? Y N Date: _____ NOTES: _____

Approval Memo sent to club & advisor? Y Date: _____